

Health Form

I,

Full Name	Identity Document	Identification number
	<input type="checkbox"/> CC / BI <input type="checkbox"/> Passport	

Home Address / Accommodation	Phone number

County					
<input type="checkbox"/> Ponta Delgada	<input type="checkbox"/> Ribeira Grande	<input type="checkbox"/> Lagoa	<input type="checkbox"/> Vila Franca do Campo	<input type="checkbox"/> Povoação	<input type="checkbox"/> Nordeste

I DECLARE ON MY HONOR, to be aware that upon arrival in the Autonomous Region of the Azores, the four options listed below are made available to me, under the terms of Government Council Resolution No. 152/2020, of May 28, 2020, choosing the option:

Option			
<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 2	<input type="checkbox"/> Option 3	<input type="checkbox"/> Option 4

and committing myself to fulfill the duties that it implies and to be aware of the rights inherent to it, namely:

OPTION 1

Provide proof, on paper, of a document issued by an accredited laboratory to carry out tests on Covid-19, which attests to the conduct of a screening test to SARS CoV 2, within 72 hours before the flight departure from the airport of origin, where my identification appears, in the laboratory where it was performed, the date of the test, the signature of the person responsible for the test, and the NEGATIVE result.

In this case, and extending if the stay for seven or more days, I shall, on the 5th and 13th days, counting from the date of the SARS CoV 2 screening test, in case it is extended to this or for more days, contact the Health Authority of the municipality where I reside or am staying, with a view to conducting a new SARS CoV 2 screening test, to be promoted by the local Health Authority, the result of which will be communicated to me within 24 hours.

Conducting screening tests for SARS-CoV-2 (from the date of the 1st test):	
5.º day: date	13.º day: date

OPTION 2

Conduct, with the collection of biological samples on arrival, a screening test for SARS-CoV-2, to be promoted by the Health Authority, and must remain, in prophylactic isolation, in a hotel room indicated for the purpose, except in cases of force majeure duly authorized by the Local Health Authority, until the result of the aforementioned NEGATIVE test, between the moment of taking the samples and the moment of the NEGATIVE test result, it cannot take more than 48 hours.

In this case, and prolonging the stay of seven days or more, I shall, on the 5th and on the 13th day after the date of the screening test to SARS CoV- 2, if it lasts until this or for more days, contact the Health Authority of the municipality where I reside or am staying, with a view to conducting a new SARS CoV- 2 screening test, to be promoted by the local Health Authority, the result of which will be communicated to me within 24 hours.

Conducting screening tests for SARS-CoV-2 (from the date of the 1st test):	
5.º day: date	13.º day: date



OPTION 3

Carry out voluntary quarantine for a consecutive period of fourteen days in a hotel indicated for the purpose, committing myself to perform biological sampling and screening test to SARS CoV 2, performed by local health authority before the expiry of that period.

Conducting screening tests for SARS-CoV-2 (After the voluntary quarantine period):
13.º day: date

OPTION 4

Return to the original destination or travel to any destination outside the Region, fulfilling, until the time of the flight, prophylactic isolation in a hotel indicated for this purpose.

TRAVEL INTER-ISLANDS

In case I intend to travel to another island, I communicate this intention by filling in the health form provided according to the draft attached to Normative Circular no. 37 of May 28, 2020, from the Regional Directorate of Health, committing myself to comply with the following procedures: provided for in paragraphs a) and b) of paragraph 1 of the Resolution of the Government Council No. 152/2020, of 28 May, in the part regarding the mandatory contact with the local health authority, on the 5th and 13th day, counted after the initial test was performed, to perform a new SARS-CoV-2 screening test.

I KNOWLEDGE THAT:

1. If I refuse to comply with all the procedures provided for, as well as fail to comply with the duty of prophylactic isolation or voluntary quarantine, if applicable, the local Health Authority may, within its competence, determine the realization of compulsory quarantine, for the period of time necessary to obtain a SARS-CoV-2 virus test result, or, if I don't agree to do it, for the period of time necessary to complete fourteen days from arrival in the Region, in a hotel defined for this purpose, the costs of which are charged to the passenger.
2. If mandatory quarantine is decreed by the Health Authority, provided for in the preceding paragraph, this decision must, within 24 hours, be submitted to judicial validation by the competent court.
3. The absence of contact on the 5th and 13th days referred to in OPTIONS 1 and 2, as well as the violation of the duty of prophylactic isolation referred to in OPTION 2, or, having opted for voluntary quarantine, non-compliance with the terms and deadline referred to, as well as non-compliance with prophylactic isolation or mandatory quarantine if it has been determined, it implies the immediate presentation, by the Health Authority of the municipality where you reside or is staying, of a complaint for the practice of the crime of disobedience.

I ALSO KNOWLEDGE THAT:

1. The means at my disposal to complain, contest or appeal, and may, for this purpose:
 - a) Refer to the competent Administrative Authority, in this case the Regional Health Authority, to review any of the applied measures;
 - b) To resort to judicial proceedings, in the absence of the indication of a lawyer and / or the absence of conditions to ensure private legal sponsorship, I was provided with the indispensable means to request legal support, namely, the form to request legal protection, available at http://www.seg-social.pt/documents/10152/21736/PJ_1_DGSS.
2. The "Information for Passengers disembarking in the Autonomous Region of the Azores", attached to this declaration.

Place: _____

Date: _____

The Passenger

The Health Delegate
